

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4	
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE20-00-D-0013			2. DELIVERY ORDER/CALL NO. 0077		3. DATE OF ORDER/CALL (YYYYMMDD) 2003AUG07		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA5		
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CSC-B CAROL S STAIB (309)782-7114 ROCK ISLAND IL 61299-7630 EMAIL: STAIB@RIA.ARMY.MIL			CODE W52H09		7. ADMINISTERED BY (If other than 6) DCMA PHOENIX TWO RENAISSANCE SQUARE 40 NORTH CENTRAL AVE SUITE 400 PHOENIX AZ 85004-4400			CODE S0302A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR MCDONNELL DOUGLAS HELICOPTER COMPANY 5000 E. MCDOWELL ROAD MESA, AZ. 85215-9797			CODE 8V613		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.							12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15	
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381			CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
PURCHASE				Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA PEGGY J. FRAZIER /SIGNED/ FRAZIERP@RIA.ARMY.MIL (309) 782-4179 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$31,322.84	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-00-D-0013/0077 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: MCDONNELL DOUGLAS HELICOPTER COMPANY		

SUPPLEMENTAL INFORMATION

- 1. THIS DELIVERY ORDER IS AWARDED IN ACCORDANCE WITH THE REQUIREMENTS CONTRACT, DAAE20-00-D-0013, WHICH IS INCORPORATED BY REFERENCE AS PART OF THIS DOCUMENT.
- 2. THE PURPOSE OF THIS DELIVERY ORDER IS TO AWARD THE M230 AUTOMATIC GUN PART FROM THE M230/AWS PRICE LIST FOR THE ITEM LISTED ON THE SUPPLIES/SERVICES PAGE.
- 3. ALL MANDATORY CLAUSES FOR A FIRM-FIXED PRICE CONTRACT UNDER DAAE20-00-D-0013 APPLY TO THIS DELIVERY ORDER.
- 4. THE TOTAL AMOUNT OF THIS ORDER IS \$31,322.84.
- 5. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: MCDONNELL DOUGLAS HELICOPTER COMPANY

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0130	NSN: 3020-01-484-8001 FSCM: 02731 PART NR: 7-317236805-3 SECURITY CLASS: Unclassified				
0130AA	<u>PRODUCTION QUANTITY</u> NOUN: SPROCKET WHEEL PRON: M131V467M1 PRON AMD: 01 ACRN: AA AMS CD: 070011H3SOX <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC				

CONTINUATION SHEET**Reference No. of Document Being Continued**

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PIIN/SIIN DAAE20-00-D-0013/0077

MOD/AMD

Name of Offeror or Contractor: MCDONNELL DOUGLAS HELICOPTER COMPANY

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG							JOB			
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION					ORDER	ACCOUNTING	OBLIGATED	
									NUMBER	STATION	AMOUNT	
0130AA	M131V467M1	AA	2	97	X4930AC6G	6D	26FB	S11116		W52H09	\$	31,322.84
	070011H3SOX											
										TOTAL	\$	31,322.84

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 31,322.84
						TOTAL	\$ 31,322.84